



STATE OF MARYLAND

DHMMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street, Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Office of Preparedness & Response

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July 27, 2007

Public Health & Emergency Preparedness Bulletin: # 2007:29 Reporting for the week ending 07/21/07 (MMWR Week #29)

CURRENT HOMELAND SECURITY THREAT LEVELS

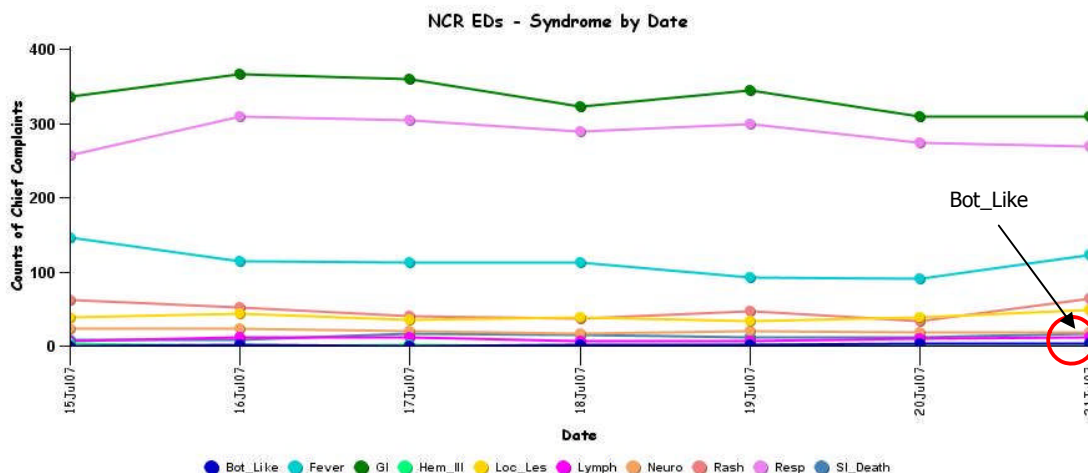
National: Yellow (ELEVATED) *The threat level in the airline sector is Orange (HIGH)
Maryland: Yellow (ELEVATED)

SYNDROMIC SURVEILLANCE REPORTS

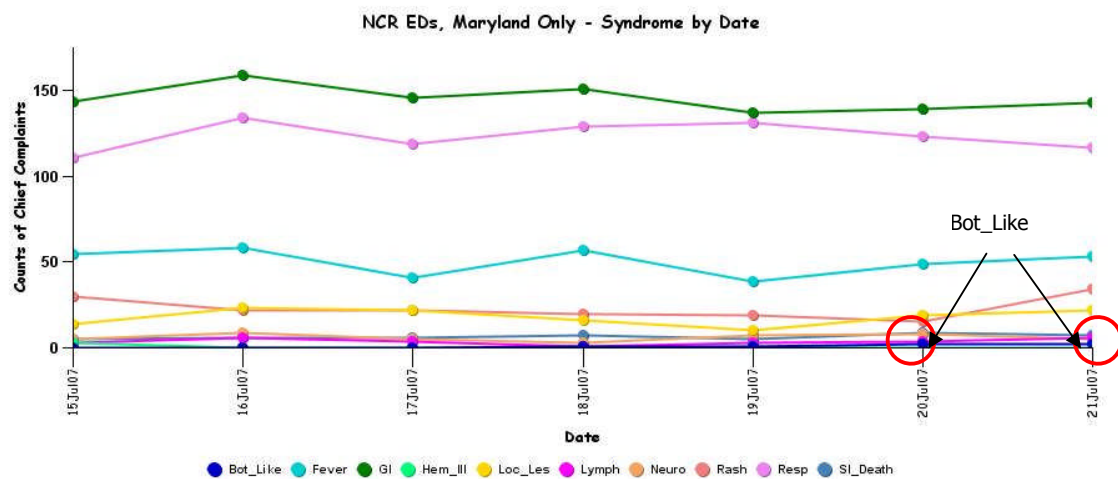
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):

Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts only. Note: ESSENCE – ANCR Spring 2006 (v 1.3) now uses syndrome categories consistent with CDC definitions.

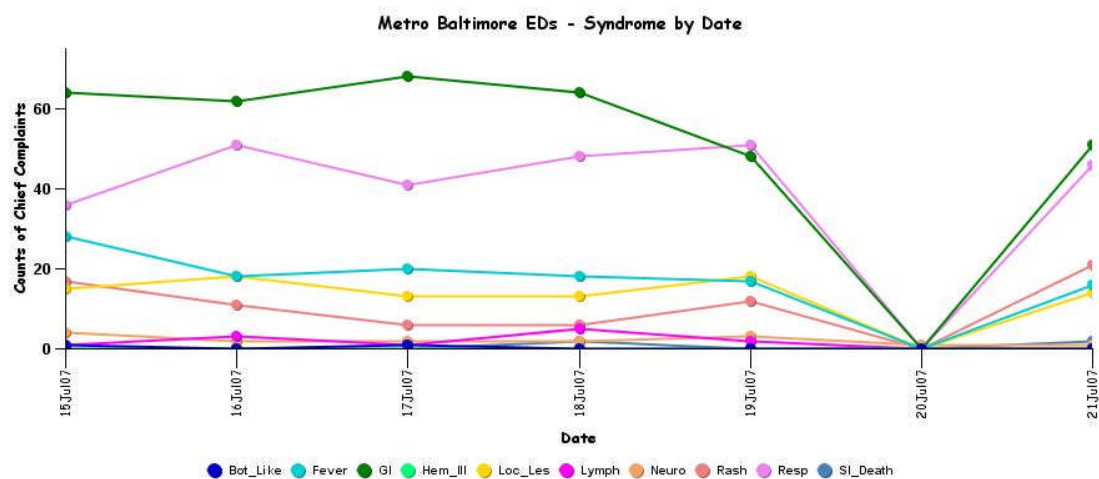
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.



* Includes EDs in all jurisdictions in the NCR (MD, VA, DC) under surveillance in the ESSENCE system

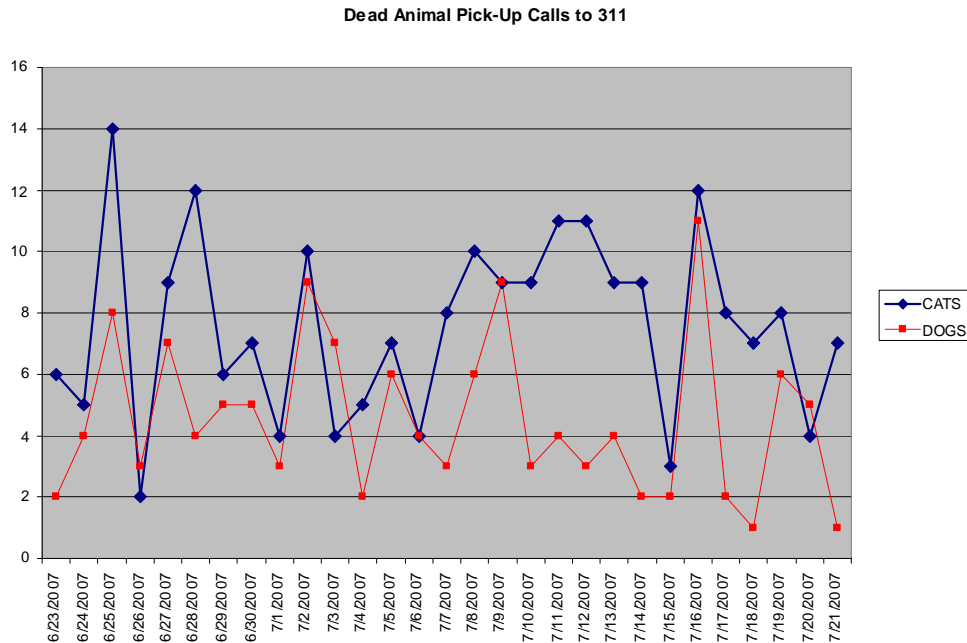


* Includes only Maryland EDs in the NCR (Prince George's and Montgomery Counties) under surveillance in the ESSENCE system



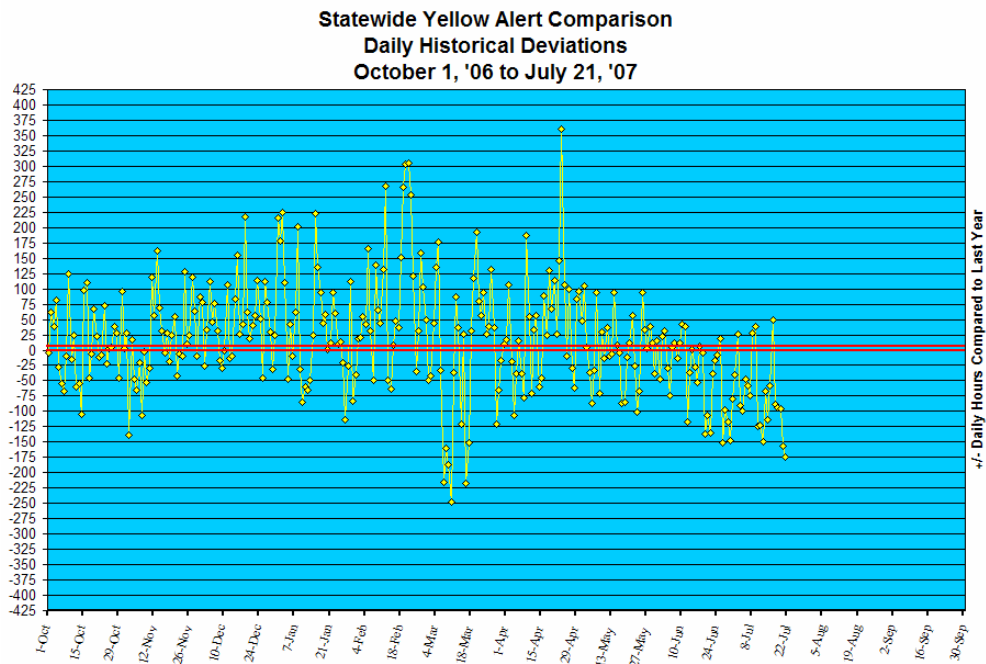
* Includes EDs in the Metro Baltimore region (Baltimore City and Baltimore County) under surveillance in the ESSENCE system.

BALTIMORE CITY SYNDROMIC SURVEILLANCE PROJECT: No suspicious patterns in the medic calls, ED Syndromic Surveillance and the animal carcass surveillance. Graphical representation is provided for animal carcass surveillance 311 data.



REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/06.



REVIEW OF MORTALITY REPORTS

OCME: OCME reports no suspicious deaths related to BT for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in June 2007 did not identify any cases of possible terrorism events.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	Aseptic*	Meningococcal*	*(non-suspect cases)
New cases:	* Data not yet released from Division of Communicable Disease Surveillance		
Prior week:	* Data not yet released from Division of Communicable Disease Surveillance		
Week#29, 2006:	8	-	

OUTBREAKS: 2 outbreaks were reported to DHMH during MMWR Week 29 (July 15-21, 2007):

1 Gastroenteritis outbreak

1 outbreak of GASTROENTERITIS associated with a Nursing Home

1 Foodborne Gastroenteritis outbreak

1 outbreak of FOODBORNE GASTROENTERITIS (Campylobacteriosis) associated with a Private Home

MARYLAND SEASONAL FLU STATUS:

Seasonal Influenza reporting occurs October through May. One case of influenza was reported to DHMH during MMWR Week 29 (July 15 – 21, 2007).

***Please note:** Influenza data reported to DHMH through the National Electronic Disease Surveillance System (NEDSS) is provisional and subject to further review.

PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO Pandemic Influenza Phase: Phase 3/4: No or very little human-to-human transmission/Small clusters with limited human-to-human transmission, suggesting that the virus is not well adapted to humans

US Pandemic Influenza Stage: Stage 0/1: New domestic animal outbreak in at-risk country/Suspected human outbreak overseas

*More information regarding WHO Pandemic Influenza Phase and US Pandemic Influenza Stage can be found at:
<http://bioterrorism.dhmd.state.md.us/flu.htm>

WHO update: As of June 29, 2007, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 317, of which 191 have been fatal. Thus, the case fatality rate for human H5N1 is about 60%.

AVIAN INFLUENZA (Viet Nam): 20 Jul 2007, At a meeting with the National Steering Committee for Avian Flu Control and Prevention on Jul 17 in Ha Noi, delegates discussed the importance of vaccinating all poultry. Tony Forman, the Food and Agriculture Organization (FAO) representative in the country, said it was an important way to fight bird flu in Viet Nam. With fresh outbreaks of bird flu in the southern province of Dong Thap, the number of bird flu-infected provinces in Viet Nam remains at 6. The FAO recommended that poultry farmers comply with department regulations on vaccinating their flocks and closely monitor the illegal trafficking of waterfowl. The organization commended the Government for its recent orders to close egg hatcheries and slaughterhouses that fail to meet food safety and sanitation standards.

NATIONAL DISEASE REPORTS:

TULAREMIA (New Jersey): 16 Jul 2007, The Cape May County Department of Health was notified on Jul 12 that a 14-year-old county resident has contracted tularemia, also known as "rabbit fever." Tularemia is a rare, potentially serious illness caused by the bacterium *Francisella tularensis*, which occurs widely in nature and can affect animals, particularly rodents and rabbits. Tularemia can be acquired in multiple ways: such as being bitten by an infected tick; handling infected animal carcasses; eating or drinking contaminated food or water; or inhaling the bacteria. The signs and symptoms people develop depend on how they are exposed to tularemia. Possible symptoms include skin ulcers, swollen and painful lymph glands, inflamed eyes, sore throat, mouth sores, diarrhea or pneumonia. Tularemia can be fatal if the person is not treated with appropriate antibiotics. To minimize risk of infection, Kevin Thomas, health officer, advises residents "to cook food thoroughly and to drink water from a safe source, use a DEET-containing insect repellent on the skin, and avoid handling animal carcasses." Fewer than 200 cases of tularemia are reported annually in the United States, mainly in western and south central states. NJDHSS is working closely with the New Jersey Department of Environmental Protection's (NJDEP) Division of Fish and Wildlife, which has not identified unusual animal die-off activity in the state to date. The American dog tick and the Lone star tick, both found in Cape May County, are known to carry tularemia. (Tularemia is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

EASTERN EQUINE ENCEPHALITIS, MOSQUITOES (New York): 17 Jul 2007, The first mosquitoes in this area to test positive for the eastern equine encephalitis (EEE) virus this summer were found this week in the Toad Harbor area of West Monroe. The virus was found only in the type of mosquitoes that bite birds, not in the type that feed on humans or other mammals, according to Kathleen Smith, Oswego County's Public Health Director. The mosquitoes were collected on Jun 25, near a large swamp along the north shore of Oneida Lake, Smith said. Surveillance of mosquitoes, which is conducted by the county Health Department and the state Department of Health (NY DOH), has been minimal so far this year because the weather has been so dry. Because of the dry weather, and the lack of finding any bird-biting mosquitoes with the virus, aerial spraying is not warranted, she said. (Viral encephalitis is listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

HANTAVIRUS (Texas): 17 Jul 2007, Texas Department of State Health Services is recommending precautions after 2 Texas residents developed hantavirus pulmonary syndrome this year. One person, a Jefferson County resident, died. The other person, a Crosby County resident, recovered. Hantavirus is carried by certain species of rats and mice. The illness is rare. Infected rodents shed the virus in their urine, droppings and saliva. The virus can be transmitted to people when infected rat or mouse urine, saliva, droppings or nesting materials are stirred up, temporarily aerosolizing the virus, which can be breathed in by humans. Symptoms include fever and muscles aches, possibly with chills, headache, nausea, vomiting, diarrhea, abdominal pain and cough, and tend to develop one to 6 weeks after exposure. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) *Non-suspect case

HANTAVIRUS (California): 17 Jul 2007, A Mono County man was diagnosed with the first case of hantavirus pulmonary syndrome in California this year, the state Department of Public Health said on Jul 11. Authorities said they did not know how the man was exposed to the often deadly virus but said he had completely recovered since he fell ill late last month. The man's age was not released because officials said it could be used to identify him in the sparsely populated Eastern Sierra county. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) *Non-suspect case

TULAREMIA (Utah): 18 Jul 2007, A naturally occurring biological agent is being blamed for 13 cases of an illness commonly known as rabbit fever. All of the people infected camped on the west side of Utah Lake between the end of June and the first week of July. The Utah Department of Health has only confirmed that 2 of the cases are tularemia. The remaining cases are suspected with patients showing clinical signs of the bacterial infection. Symptoms include sudden fever, headaches, ulcers on the skin or mouth, and swollen and painful glands. Health officials say it's a fairly uncommon infection. There are normally only 2 or 3 cases per year in Utah. The infection responds well to appropriate antibiotics once diagnosed. If untreated, it can be fatal. The bacterium that causes rabbit fever is generally spread through the handling of rabbit or other animal carcasses, but it can also be transmitted by infected ticks, horseflies, or deerflies. It is not passed from person to person. (Tularemia is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

HANTAVIRUS (Colorado): 18 Jul 2007, This year, 4 people have died from hantavirus in Colorado, including 3 this week, tying the record of fatalities from the disease set in 1993. The 3 most recent victims lived in rural Custer, Costilla and Park counties, the Colorado Department of Public Health and Environment said on Jul 17. Officials would not release the ages or genders of the victims. The fourth death was in Alamosa in May 2007. There have been 61 documented cases of hantavirus pulmonary syndrome since the department began tracking the virus in 1993. Of those cases, 23 have been fatal. Besides the 4 deaths, 2 non-fatal cases have been documented this year, matching the number reported last year (2006). In 2005, 11 cases were documented, with one death. May, June and July are the peak months for people to contract the virus, but Health Department officials said the recent outbreak of fatalities is cause for concern. No effective treatment exists for hantavirus, so early detection and admission to a hospital is key. But Pape said the best approach is to prevent sickness by looking for the "big red flag:" a surge in the mouse population at home. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) *Non-suspect case

BOTULISM, CHILI SAUCE (Multi-State): 19 Jul 2007, The Food and Drug Administration (FDA) is warning consumers not to eat 10-ounce cans of Castleberry's Hot Dog Chili Sauce, Austex Hot Dog Chili Sauce, Kroger Hot Dog Chili Sauce with "best by" dates from Apr 30, 2009 through May 22, 2009, due to possible botulism contamination. Consumers who have any of these products or any foods made with these products should throw them away immediately. If the "best by" date is missing or unreadable consumers should throw the product out. As of Jul 18, 2 children in Texas and an Indiana couple who ate these products had become seriously ill and been hospitalized. Symptoms of botulism poisoning can begin from 6 hours to 2 weeks after eating food that contains the toxin and may include double vision, blurred vision, drooping eyelids, slurred speech, difficulty swallowing, dry mouth, and muscle weakness that moves progressively down the body. Botulism poisoning can also cause paralysis of the breathing muscles, which can result in death unless assistance with breathing is provided. Individuals who show these symptoms and who may have recently eaten the recalled products should seek immediate medical attention. Also included in the recall are: Bunker Hill Chili no Beans, Castleberry's Chili with Beans, Castleberry's Barbecue Pork, Cattle Drive Chili with Beans, Meijer Corned Beef Hash, Morton House Corned Beef Hash, and Southern Home Corned Beef Hash. All of the products cited are manufactured by the Castleberry Food Company in Augusta, Georgia. Castleberry has informed the FDA that it is voluntarily recalling all of the potentially contaminated products and is cooperating with FDA, the CDC, and the states' active investigations into the cause of this contamination and scope of the product distribution. (Botulism is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

PLAGUE, SQUIRREL (California): 20 Jul 2007, A ground squirrel in the Stoneyvale Picnic Area of the Angeles National Forest tested positive for plague, Los Angeles County health and US Forestry Service officials said on Jul 19. The squirrel was one of a dozen captured in traps on Jul 10. The picnic area, located 5 miles north of La Canada-Flintridge, is expected to remain closed for at least 10 days as crews dust for fleas and monitor other squirrels. "Plague is a bacterial infection that could be transmitted to humans through the bites of infected fleas. However, it is very important for the public to know that there have only been 4 cases of human plague in Los Angeles County residents since 1984, none of which were fatal," said Dr. Jonathan Fielding, the county's public health director. Visitors in the San Gabriel Mountains can protect themselves from plague-carrying fleas by avoiding camp and picnic areas in the immediate vicinity of ground squirrel burrows. They should also refrain from feeding wild animals and avoid taking their pets into areas where they could be exposed to fleas. (Plague is listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS:

CHOLERA (Kenya): 15 Jul 2007, Cholera has broken out in the Manyatta settlement of Kisumu District. Reports by the Kisumu East Ministry of Health (MoH) office on Jul 12 stated that there was a cholera outbreak currently being experienced in the area. According to the District Health Management Team (DHMT), 4 cases were admitted at the New Nyanza Provincial Hospital on Jul 11. One of the affected people was discharged while the other 3 are currently recuperating and are in stable condition. A rapid assessment team dispatched by the Kenya Red Cross Society's Kisumu Branch and the MoH, has visited the affected area and collected rectal swabs from 6 people who reported to have experienced diarrhea more than 3 times on Jul 12. The team has also sampled the water from households and water wells, which are common water sources in the area. The specimens collected from the affected people have been taken to New Nyanza General Hospital for analysis. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

CRIMEAN-CONGO HEMORRHAGIC FEVER (Russia): 15 Jul 2007, About 200 inhabitants of the Volgograd oblast have been bitten by ticks during the past 2 weeks. The press office of the oblast administration stated that 639 people had suffered tick bites during the course of this year. The public health services committee of the Volgograd Oblast Administration was informed that, from the time of the first tick bites in May, a total of 78 people had been admitted to hospital. At present, 49 persons are in hospitals in the oblast. Crimean-Congo hemorrhagic fever (CCHF) infection has been confirmed in 21 patients, and there has been one death. Ten million rubles have been allocated from the budget of the Volgograd oblast for anti-CCHF measures. Budgetary funds have been allocated to municipalities where there has been the greatest need. Since 2000, the most affected 10 regions in the oblast have been the Kotelnikovskiy, Oktabskiy, Kletskiy, Kalachaevskiy, Surovikinskiy, Svetloyarskiy, Seraphimovichskiy, Ilovinskiy, Gorodischenskiy, and Chernyshkovskiy regions. (Viral hemorrhagic fevers are listed in Category A on the CDC list of Critical Biological Agents) *Non-suspect case

CHIKUNGUNYA (India): 18 Jul 2007, According to the Health Minister, 173 people have died of chikungunya virus infection in the state of Kerala this year. However, a team of health experts from New Delhi, who surveyed the affected districts of Kerala, has confirmed that chikungunya cases are on the decline. It also ruled out the prevalence of a 'tomato fever' (a local term for a red skin rash) as was reported by a section of the media. The "chikungunya virus has not mutated and the disease is showing a declining trend. In 18 months, this virus can be fully eradicated through vector control measures," said Nirmal Kumar Ganguly, the director general of the Indian Council of Medical Research. Opposition political leader Oomen Chandy has meanwhile said, "Though the minister claims 173 people have died, the truth is that 562 people have died on account of fever. (Emerging Infectious Diseases are listed in Category C on the CDC list of Critical Biological Agents) *Non-suspect case

EPIDEMIC TYPHUS, SCRUB TYPHUS (India): 18 Jul 2007, The Health Minister told the state assembly in Thiruvananthapuram that cases of typhus have been confirmed in the state of Kerala. "A child has died of typhus fever in Kozhikode and suspected cases of scrub typhus disease have been spotted at 3 places in Thiruvananthapuram," said Health Minister, PK Sreemathi. "We have also asked the Kozhikode unit of the National Institute of Communicable Disease to conduct a study to see if typhus fever has spread," the minister added. Typhus fever, the classical epidemic typhus, is a vector borne disease with a complex epidemiology. Lice, the vectors, live in clothing; therefore weather, humidity, and hygiene determine their prevalence. Rickettsia prowazekii, the causative agent of typhus fever, is considered a category B biowarfare agent because of the propensity for infective louse feces to be aerosolized. Scrub typhus is spread to humans by the bite of the larval stage of trombiculid mites (chiggers). The term scrub comes from the type of local vegetation, scrub, between forests and cleared areas, where the vector is found. (Typhus fever is listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

CHOLERA, DIARRHEA (Nepal): 18 Jul 2007, Health bodies and UN agencies in Nepal have taken emergency measures in the capital, Katmandu, and elsewhere to control a cholera outbreak first reported last week (Jul 9-15). Diarrheal diseases are endemic in the country but this monsoon season, Katmandu had a record 223 cases of cholera, according to the Epidemiology and Disease Control Division (EPCD) of the Department of Health. Acute gastroenteritis, also known as acute watery diarrhea, has already claimed 5 lives, and there are over 3700 cases, the EPCD, a government agency charged with managing outbreaks and public health emergencies, said. "The problem became worse this year due to severe water pollution," said Manas Kumar Banerjee, director of EPCD. Banerjee said water quality in Katmandu was very low and much of the drinking water was polluted. In April 2007, 28 percent of the city's drinking water was unsafe to drink. By July 2007, it had worsened to a dangerously high level of 72 percent. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

CHOLERA (India): 20 Jul 2007, It is the time of cholera in the city of New Delhi and the cases have shot up way above 700. As compared to 2006, when until the month of July there were 569 cases of cholera reported; in 2007 the number has jumped to 719. "The frequent rain this year, even before the arrival of monsoon, has led to greater water contamination. Besides, in the monsoon season, high humidity makes the environment more disease-prone. Rainwater especially, ends up contaminating the water in hand pumps. Lack of personal hygiene is also to blame," said municipal health officer NK Yadav. In 2006, a total of 1085 cases were reported by the end of the year and 176 cases were reported in the month of July 2006. In 2007, close to 100 cases have already been reported in July. It had been expected that the figures would go down in 2007, as there was more potable water available from the Sonia Vihar water treatment plant. "The amount of potable water we had expected wasn't made available in the end due to certain reasons. This added to the problem," said Yadav. (Water Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

E. COLI O157, PREPACKAGED FOOD (United Kingdom): 21 Jul 2007, A Milton Keynes food company is at the center of an investigation into a major countrywide outbreak of the bacterium E. coli O157. There have been 11 cases of E. coli O157 infection so far reported to health authorities in the UK since the outbreak began 10 days ago. They are thought to be caused by a chicken wrap produced by Buckingham Foods based in Redmoor, Milton Keynes. Buckingham Foods is one of the top 5 pre-packed sandwich manufacturers in the UK, employing about 1000 people at 2 sites in Milton Keynes and Tamworth, supplying sandwiches, wraps, paninis, and snack salads to major retailers and airlines. Nigel Hunter, managing director of Buckingham Foods, admitted that a product had been withdrawn from the market after people fell ill. He said: "I can confirm that it is likely that a small number of packs of a product we made over 3 weeks ago was the cause of a small outbreak of food poisoning in which a number of people were taken ill, but none seriously." He continued, "As a precaution, that product has not been manufactured since. Exhaustive testing of other products, ingredients, and staff has confirmed that there was no cross-contamination at all and no other product has been affected. I am therefore absolutely confident of the integrity and safety of everything we are making." A spokesman for the Food Standards Agency (a government food watchdog) said: "All necessary action was taken to protect consumers. There is no evidence of a continuing threat to public safety and there have been no new cases." (Food Safety Threats are listed in Category B on the CDC list of Critical Biological Agents) *Non-suspect case

*Cases and outbreaks will be cited for suspect level with regards to suspicion of BT threat. Therefore, cases and outbreaks will be categorized as "Determined BT", "Suspect" or "Non-suspect".

OTHER RESOURCES AND ARTICLES OF INTEREST:

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://bioterrorism.dhmm.state.md.us/>

Survey of Hurricane Preparedness conducted by the Harvard School of Public Health, June/July 2007: <http://www.hsph.harvard.edu/news/press-releases/2007-releases/press07242007.html>

According to a new survey of people in high-risk hurricane areas conducted by the Harvard School of Public Health Project on the Public and Biological Security, one-third of residents said if government officials said they had to evacuate due to a major hurricane this season, they would not leave.

CHIKUNGUNYA. For further information regarding this emerging infectious disease recently reported in India: <http://www.whoindia.org/EN/Section3/Section406.htm>

Updated Information on Botulism Outbreak associated with Canned Chili Sauce, July 2007:
<http://www.cdc.gov/botulism/botulism.htm>

Updated Information on Multi-State Salmonella Wandsworth Outbreak Investigation Associated with Veggie Booty, June - July 2007:
<http://www.cdc.gov/salmonella/wandsworth.htm>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

Questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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